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THE BRITISH INSTITUTE OF HOMŒOPATHY.

OUR colleagues in England are engaged in organizing an institution with the above title. The objects proposed to be accomplished are :

1st. "To substitute by all means in our power the clear, strict, and as yet unrefuted principles and rules of our text-book, the *Organon*, for the loose and unscientific modes now unfortunately so prevalent with many in the study and practice of Homœopathy."

2d. "To propagate Homœopathy through the leverage of the non-professional public."

3d. To establish "a dispensary, and if possible, a hospital—in both of which the principles we have proclaimed shall be carried out with scientific strictness."

To effect this organization, all the professed homœopaths of England were personally addressed by a committee appointed for that purpose, requesting the coöperation of each, but it seems that some declined to sign their names to the principles of the proposed institute, and among these was a Dr. Chapman, whose letter to the committee has given rise to the following communication, which appears in the *Homœopathic Times*, which we reproduce, because it may be read with profit on this side of the Atlantic.

To the Editor of the Homœopathic Times.

SIR,—The letter in which Dr. Chapman states his "reasons" for not signing the document of the British Institute of Homœopathy contains a passage upon which we think it due to those members of the homœopathic profession who have either joined us already or would wish to do so, to offer a few remarks. Speaking of Drs. Morgan and Drury as signers of the original document, he says :—"The two last-named

gentlemen are recent converts to Homœopathy, and so are not known to the body of homœopathic practitioners in this country, to whom they recommend this proposed Institute;" in other words, Dr. Chapman would seem to imply that it is a somewhat bold step for two "recent converts" to recommend principles and rules which can only be the result of *experience*.

If this kind of *ad verecundiam* argumentation were allowed to pass unheeded, it might unfavorably influence many, and induce them, though agreeing with us, to withhold their public assent, from mere motives of modesty.

Now, Sir, we would hope that Dr. Chapman did not judge this subject from an allopathic point of view, and has consequently arrived at his conclusion through criteria, which, however true and essential for the old school, are applicable only in a very restricted sense, if at all, in Homœopathy. The real pivot upon which this argument turns is "want of experience." It seems to us to be of very great importance for the study and practice of Homœopathy, that it should be clearly set forth whether young homœopaths, who have thoroughly studied and comprehended the principles of the science, are not as well qualified to subscribe to the document of the British Institute of Homœopathy, which is merely a reflection of those principles contained in the *Organon* of Hahnemann, as their older colleagues, who, although they may have been double or treble the time in practice, have not mastered the first principles in so eminent a degree as their younger brethren. The great aim of all experimental science is to arrive at ultimate principles through *experience* derived from *trial* and *observation*. Allopathy has, in spite of its age, not yet, owing to defective methods, arrived at ultimate principles, and never will, as long as it pursues these methods; it has heaped, and continues to heap incongruous facts one upon the other without ever deducing valid principles; this accumulation of incongruous facts for years forms the foundation of allopathic "experience," and furnishes the main criterion for presumptive allopathic skill and excellency. Farther the allopath as allopath cannot go.

Far different from and far above this crude state of things is our beautiful, and, in a philosophical sense, almost perfect science of Homœopathy. Like Allopathy, Homœopathy is based upon experiment and observation, but, unlike Allopathy, the new science has through these attained experience; from which we deduce clearly-defined and correct principles—the great aim of all science. Once these principles are found, and are acknowledged to be correct, the intrinsic value of “experience,” in the allopathic sense, becomes very limited. This may sound strange, yet it is perfectly true, and it is most desirable that it should be clearly understood. Once Hahnemann arrived at the ultimate principle *similia similibus*, which in its development essentially implies *individualization*, experience in the allopathic sense, as Dr. Chapman takes it, *necessarily* sank to all but nought. Once you admit, as you must in Homœopathy, that every case of disease is an individual one and must be treated as such, the above sort of experience ceases to be of that value which Dr. Chapman seems to imply. As soon as you admit to any extent the *ab usu in morbis* principle, which is the very soul of allopathic “experience,” you have made the first step towards routine in Homœopathy. If all this be true—and where is the homœopath who will gainsay it?—it follows that whosoever has thoroughly studied and understood the *science* of Homœopathy may be fully competent to form a valid opinion on the true or spurious character of “homœopathic” proceedings, and, “according to the spirit of British freedom,” we trust, may express them when, from a sense of duty, he thinks himself called upon to do so. If space allowed, we might dwell more fully on this important point of our subject, but enough has been said to show that Dr. Chapman’s argument does not hold good.

We have every reason to think that the gentlemen alluded to have, in studying and applying homœopathy, followed no one-sided method, but have tested, as every man of science ought to do, the different opinions and modes of practice, and have thus arrived at those convictions which enable and impel them to proclaim and defend as true and correct the principles laid down by the British Institute of Homœopathy. But, Sir, let us suppose, for argument’s sake, that a man had not one tittle of personal experience, that he had never made one single trial himself, he might still, as we have said before, be fully justified upon abstract scientific grounds in signing the original document of the British Institute of Homœopathy. Would it be very difficult, even with average reasoning powers, to see merely *a priori* that if the fundamental principles of homœopathy are true, those modes and practices which Dr. Chapman seems to take, to a certain de-

gree, under his protection, cannot be correct? if one of the essential features in Homœopathy is its *dynamic* character, upon what scientific grounds can it be defended “always to give low dilutions and tinctures in acute disease?” that is, to attach so much importance to material quantities, and this even to the total exclusion of more “dynamic” (to use the word) doses and preparations. If it is a fundamental principle in Homœopathy never to give a fresh medicine without ascertaining what effects the preceding one may have produced, it is utterly irrational to give, as a rule, medicines alternately, or exhibiting “courses” of medicines. If it is a fundamental principle in Homœopathy that every case is an individual manifestation of disease, and that individualization must, above all, preside over the choice of the medicine, homœopathic domestic medicine books, which place nosology above pathology, cannot be defended, at all events, not upon higher grounds than those of relative necessity and expediency. If the principles of Homœopathy are true and sufficient, it is impossible that Allopathy, *quoad* Allopathy, can also be true; why, therefore, allopathic auxiliaries? Thus, Sir, “recent” converts might be justified in signing the document mentioned upon purely *a priori* reasons.

However, as we discuss this important question upon scientific and not upon personal grounds, Dr. Chapman will pardon us if we go one step farther. We have seen that experimental science, such as medicine, is essentially based upon experience, obtained through experiment and observation. However, the sphere of science is so vast, the subjects so various, and mostly so difficult to handle, that no mortal could possibly derive from his own personal experience the conviction of the truth of all those principles which he may be perfectly right in accepting as established upon sufficient grounds. Here personal experience is replaced by *testimony* which, when *thoroughly sifted*, may fully answer the purpose of abstracting general principles, and inducing a clear conviction of their truth. Now, Sir, assuming again that “recent converts” should not have one tittle of personal experience, nor have made one single practical trial with Homœopathy, they might still be fully justified in signing a document like the one in question, after forming their convictions upon the resources of testimony alone. Here are two parties: the one asserts one thing, and the other something quite different. Both assertions are so opposed that they almost disjunctively exclude each other. In order to decide which party are right, and how far they are so, a man might repeat experiments and test through personal observations the value of their respective assertions; but if he had no opportunity or in-

clination to follow that method, he might be thoroughly enabled, from testimony alone, to decide the question. On the one side he would have Hahnemann, acknowledged even by his adversaries to have been one of those gigantic intellects which Nature requires centuries to produce—"a singular double-head of learning and philosophy," as J. P. Richter calls him; a man whom these exceptional faculties have led to the discovery of new paths in medicine, and who has, under the guidance of these faculties, tried, tested, and sifted the correctness of his discoveries for more than half a century. Besides himself, he would have the testimony of those of Hahnemann's disciples who are acknowledged as his best and most celebrated on the Continent and America, and who fully agree with the Master in all the essential parts of his doctrine. On the other side, he would have a number of men, comparatively young in Homœopathy, holding opinions greatly at variance with many of Hahnemann's; these dissenters do not say what experiments and observations they have made to upset Hahnemann's views: at all events, they do not lay before us such detailed vouchers as to enable others to judge for themselves whether, according to the strict rules of scientific investigation, there are sufficient grounds for condemning Hahnemann and his faithful disciples, and for adopting their opinions and practices instead. From the little that has been laid before the public to justify their proceedings, it clearly appears that their methods have been defective, and not calculated to inspire confidence or induce conviction. Decreeing *ex cathedra*, which is often resorted to in lieu of argument, is, of course, unmeaning in experimental science. Could therefore any fair judge condemn "recent converts," if, upon a correct estimate of these respective testimonies alone, they adhered to the maxim of trusting Hahnemann till it had been proved that he is in error, and his homœopathic opponents are right?

This much for the present about the practical value of the different kinds of testimony on homœopathy in general. Before concluding this long epistle, however, we must beg leave to adduce some special testimony on that point, which evidently is most sorely felt by our latitudinarian friends, viz., the condemnation of the practice of alternating medicines as expressed in the third paragraph of the document of the British Institute of Homœopathy. They seem to have worked themselves so completely and comfortably into that utterly indefensible method, that they are highly irate at our presumptuous interference. We know what Hahnemann says, and what common sense and the rules of science hold on this subject, but its importance makes it worth our while to adduce the testimony of the leaders among those who, wherever

they possibly can, systematically oppose Hahnemann. We shall quote the opinions of only two of their coryphæi, GRIESELICH and TRINKS,—men that our most inveterate latitudinarians could not possibly object to, yet who, with all their shortcomings, are at all events men of science, and trained to proper methods of investigating and judging scientific questions.

Shortly before his death Griesselich wrote: "The practice of giving homœopathic remedies alternately, which became at one time so famous, had its foundation in a great measure in the incorrect choice of the medicines" (Handbuch, p. 168). And further: "Such cases prove nothing but uncertainty in the choice of the medicines. When two remedies seem to be indicated, it is better to give first *one* in repeated doses, in order to see what effect it may produce. Such alternation is devoid of method and plan; a spurious practice which forcibly reminds one of mixing medicines, and can nowise be recommended." (Handbuch, p. 266.) On the unjustifiably lax method of giving "courses" of medicines, the same author remarks: "It is impossible to determine *beforehand* in what succession different medicines should be given, and to endeavour to do so is contrary to all rules on the choice of medicines, which must always be determined by the actual circumstances." (Handbuch, p. 268.)

TRINKS says (Preface to *Materia Medica*, p. 59): "It is contrary to that principle of Homœopathy which insists upon the un-mixed use of the remedy suitable for the actual state of the disease, to give two or more medicines in alternation, if after the action of one medicine the disorder is not so essentially changed as accurately to indicate another. Alternating the medicines without examining the patient again most carefully, certainly saves the trouble of observing, reflecting, and comparing."

"Although there have been cases which are said to have been cured by alternating two medicines, yet this practice cannot by any means be recommended as worthy of imitation. Homœopathic art, which imperatively insists upon the strictest individualization and the most conscientious choice of the medicines, cannot sanction such proceedings, as the physician has already at his disposal such a large number of remedial agents, that it is almost impossible at present, even in rare cases of disease, that a suitable remedy could not be found. We have no principles to guide us in such proceedings, the knowledge of the action of the medicines is thereby always rendered uncertain, and the confidence of the physician and the progress of Homœopathy are thereby greatly impaired. Finally, we must reject, as thoroughly irrational and crudely empirical, the practice of some

medical men, who call themselves homœopaths, of giving three or four medicines in rapid "alternation," a mode which must be placed in the same category as allopathic mixtures, and has its origin in the total ignorance of the positive effects of the medicines, and a want of confidence in their efficacy." Thus wrote Trinks in 1847; yet apparently with little good effect.

We trust, Sir, that we may have succeeded in proving that a person, however young in homœopathic practice, may be perfectly competent to judge of the correctness of the principles brought forward by the Institute, and may thus recommend their adoption to the oldest practitioner with perfect propriety. Let therefore come forward, and boldly join our ranks, all those—yet none but those—who, whether young or old, have studied Homœopathy thoroughly, have penetrated its spirit, and are thereby enabled conscientiously to sign the tenets of the British Institute of Homœopathy.

We remain, Sir,

Your obedient servants,

C. W. LUTHER.

DAVID WILSON.

To our mind, this movement of our colleagues in England is worthy of praise. We have seen, long since, and so stated in the columns of this *Journal*, that the pure homœopaths of America would find it necessary to combine their influence for the propagation of the doctrines of Hahnemann, who, as yet, is the only guide in the practice of Homœopathy. We regret to find in this country, what Dr. Drury says he found in England, "that many practitioners adopted a line of routine practice utterly at variance with the principles inculcated by the Master"; and he asks the pertinent questions: "Where did these gentlemen get their Homœopathy? Afe they or Hahnemann right? Is the experience of fifty years to be set aside by the men of yesterday?" Dr. D. goes on, and says: "Surely, if there is presumption, it is on the part of those who, disregarding Hahnemann, adopt dogmata of their own creation, and tacitly condemn him by refusing to test the facts that he has recorded—the result of many years' laborious toil and unrivalled investigation."

CLINICAL OBSERVATIONS.

BY DR. HILBERGER, OF TRIESTE.

1. *Chronic induration of the glands of the neck.*—A woman, forty years of age, of middling size, was, the instance to be here treated of excepted, never seriously ill during her whole life.

The present evil originated twelve years ago, in the fourth month of her first pregnancy; and began with a slight, somewhat painful, infiltration of the glands of the neck and back of the left side; which was by herself, as well as by her consulting physician, regarded as of little consequence. The swelling of the glands kept increasing with the progress of the pregnancy. Their rapid enlargement in circumference, especially at the time of lactation, induced the application of some remedies, as leeches, poultices, mercurial ointments, but without the least good result. At the period of weaning the child, an intermission took place. The tumefaction now remained stationary, and exhibited, in the next and the succeeding pregnancies, the same course of increase, and the same periods of intermission. All remedies applied during these years, and, among others, a truly heroic administration of Hydriod. of potass., were unable to diminish the volume of the enlarged glands.

At the first examination of the patient, I observed the following appearances:—On the left side of the neck, beginning close to the edge of the lower jaw, was a swelling about the size of the fist, not movable, painless, uniformly hard, huckster-like, (this form is owing to a confluence of glands infiltrated at various times). The sternocleidomastoideus of this side was very much extended, considerably stretched, difficult to be moved from the swelling. Respiration and deglutition were not obstructed, and the general health good. Only at sudden changes of the weather, the patient felt rapidly shooting pains in the affected part. A favorable prognosis could hardly be given in this infiltration of such long standing.

The treatment was commenced with Conium 15, every other day a dose: it was continued for three months, whereupon a diminution of the swelling was perceptible, of one-fifth of its size. By the fusion of the tissue connecting the individual glands, it was now distinctly seen that the huckster-like form was caused by the confluence of several glands.

To wait for the second effect of Conium, I gave, for a month, sugar powder, but observed no further change. I thought it, therefore, time for the administration of another remedy, and gave Calcar. carb. 15. After two months, a surprising di-

minution of the swelling took place (about one-half); and, at the same time, the forward glandular portion separated entirely from the posterior portion. The continued use of *Calcar. carb.* caused now in four months the disappearance of the entire swelling. Only a small part of the posterior portion remained somewhat infiltrated.

Two years have now passed, the woman nursing her child, three months old; and not a trace exists of a renewal of the anomalous process.

In a physiological point of view, it is interesting to meet with a connection, certainly very seldom occurring, of the glands of the neck, with the physiological act of milk-secretion; a fact undoubtedly proved by the course of the disease. In a therapeutical point of view, this case also shows how impracticable is the generalization of the old school. *Iod.* is their only recourse in glandular indurations; and, as its use is not always followed with success, its inefficiency is attributed to the incurability of long-existing infiltrations.

The homœopathic remedies employed, besides their favorable result, which, under the existing circumstances, can hardly be ascribed to any other agency, can also be relied on as the most suitable for this case by the following reasons.

The relations of *Conium* to glandular affections, and especially to the female mammae, were suspected already by the physicians of the old school: the physiological provings have established these virtues as facts. The considerable hardness of an infiltrated gland, and the rapidly-shooting stitches in consequence of its pressure upon the nerves, form a principal indication for the employment of *Conium*. It develops probably its effect by calling into action the proper and therefore relaxed nerve and vesicular ramifications; and, in this way, causes the absorption of the tissue, without being able to change the real dyscrasic state, which office it leaves then to other remedies. For this reason, *Conium* was probably recommended in carcinomas. That in reality it can cure an already existing cancerous ulcer, I am very much inclined to doubt, notwithstanding the literature of the old school, as well as the new, afford several relations of cures. The diagnosis of an incipient cancer is not very easy; and the less so, as the real nature of the cancer dyscrasy is still unknown (therefore the division in benignant and malignant sores). Investigation, by means of the exploration trocar, is insufficient to decide if a tumor containing the so-called ulcer-fluid be only local, or such as must lead to unavoidable death, even if the general health does not give us the sad assurance that the anomalous formation can have no other termination.

As this point is not decided, the curative

power of *Conium* must therefore be confined only to the dispersion of the induration.

Calcar. carb. is more decided in its effect. It corresponds in general to the scrofulous dyscrasy. That this can often, in advanced years, be the cause of many diseases, without having manifested itself in childhood, every practitioner will be experienced.

Its particular relation to glandular affections is just as plain, and its use perfectly vindicated.

2. *Scrofulous infiltration of the mesenteric glands, and chronic pneumonia.*—A boy eight years of age, of a rachitic habit (in this case lordosis existed), had been from his childhood afflicted with the various symptoms of rachitis. When two years old, he began to walk, and, from that time, he was progressively improving for three years. About a year ago, the patient was taken, in consequence of a cold, with a violent lung-catarrh. As the former attending physician neglected to make the physical examination, it could not definitely be decided if at that time a pulmonic infiltration existed. Notwithstanding the violent fever was soon subdued, a slight fever in the afternoon still remained, and also an incessant, spasmodic cough. This was followed by great emaciation, and enormous swelling of the mesenteric glands. The treatment consisted in the application of Leeches, Calomel, Vesications, and finally Opium, China, Ferrum, also Oleum jecoris aselli, without, however, preventing the daily aggravation of the evil.

I found the patient extremely emaciated, the normal temperature of the skin of the whole body considerably diminished, the color cyanotic. The features of the oldish-looking countenance showed great anguish. The thorax constricted posteriorly, and distended upwards and forwards. Percussion gave, in front and above particularly, a tympanitic sound; from the fourth vertebra, dull; and below, quite feeble. Auscultation showed bronchial respiration plainly audible, inferiorly and higher up, an indefinite respiration and rattling murmur. Owing to the severe dyspnoea, a slight sawing respiration was already heard from a distance; and the respiration especially was considerably lengthened. The cough was spasmodic, expectoration at times of a tough, at other times of a glassy mucus. The heart normal. The abdomen was greatly distended, and to such a degree that it was impossible to feel the intestines by palpation. (Edematous swellings of the extremities. The patient suffered frequently with retention of urine, and more lately a complete inappetency. Solid food in particular he vomited up frequently. Violent asthmatic attacks occurred at night, so that he was near suffocation.

The lung-symptoms, in considering the whole image of the disease, offered the greatest improbability of a speedy, or even palliative, cessation of the disease. Besides this, the rachitic state of the Columna vertebralis the total prostration of all vital energy, and the lamentable circumstances of the patient, who was poor, and living in a damp house, in the month of January, the most unfavorable season, were sufficient to leave no room for a hope of improvement. However, to alleviate somewhat the dyspnoea, I gave Arsen. 6, in alternation with Carb. veg. 6; and these, being continued, removed in two weeks the oedematous swellings, and diminished the dyspnoea. By the further continuation of these remedies, I succeeded, to my great astonishment, in rendering the state of the patient quite comfortable, until the beginning of April, when the improvement made rapid progress. I now administered Brom. 6, and the absorption of the swelling of the mesenteric glands went on exceedingly well. At present (month of June), his state is the following: color and temperature of the skin normal, the dyspnoea totally removed, towards the lower part of the thorax on percussion only a dull tone, and only increased vesicular respiration on auscultation, cough entirely gone, abdomen smaller and softer, appetite good. The boy now attends school.

Many a reflection will be elicited by this very interesting case.

A chronic infiltration of the tissue of the lungs, of a scrofulous, pneumonic, or other nature, causes independently fatal symptoms. I diagnosed this case, Pneum. chron., though many doubt its existence. The physical examination, at any rate, left no doubt of a condensation of a very great portion of the tissue of the lungs. The part still free had to perform alone the respiratory act, and must necessarily become emphysematous. The extended cells of the lungs had now little contractile power. To this was added the oppression of the lung and the diaphragm, owing to the lordosis and the upward pressed intestines, rendering the disease almost incurable. It is more than probable, considering the rest of the circumstances mentioned, that the patient would have died under any other treatment.

Even if we regard the remedies only as palliatives, it is manifest in this case that the old school has no such palliatives at its disposition, as its method of cure disregards the dynamic effects. Its derivative remedies, as vesicants, give, according to experience, no relief in such cases, and only favor the subduing of the vital power. The narcotics, though lessening the deficiency of respiration, and alleviating somewhat the dyspnoea, produces total prostration of vital energy: the patient

would not have long made use of them. The tonics (Ferrum, China) did not agree, as already stated; the enfeebled digestive organs rejecting them. Its only panacea in scrofulosis, Cod-liver oil, said to be efficient in every case, without any special indication, could not boast of any effect. The strict expectative treatment could hardly be of more benefit to the patient, as, under such circumstances, nature alone would have been too powerless to render harmless the effects of the winter upon the already dying organism. This almost miraculous restoration of the patient must be attributed only to the remedies Arsen. and Carb. veg., which corresponded to the prostrated vital power, until the organism gained time for restoration. — *Quarterly Hom. Journal.*

PROVINGS OF RUMEX CRISPUS,

With Preliminary Remarks.

BY E. F. JOSLIN, M.D., NEW-YORK.

Remarks on Rumex, and on Provings.

(This genus includes several species, some of which are called Dock, others Sorrel.)

Rumex crispus (Yellow Dock), is very generally known as a weed in Europe, the United States and Canada, and the root has some popular reputation as an antispasmodic.

This species of Dock grows in cultivated grounds, in dry fields which have been manured, about barnyards, and among rubbish, etc.

The root is perennial, the other parts are annual. The flowers appear in June and July. The stem attains the height of two or three feet, is smooth, angular, furrowed, and bent at very obtuse angles, so as to be slightly zig-zag; it is panicled and leafy. Leaves lanceolate, strongly undulated and crisped at the edges, smooth, and of a lightish green color; the radical ones on long stalks; the uppermost ones narrower and nearly sessile. The flowers are numerous, drooping, and of a pale green color; they are in a large panicle, consisting of many racemes of tufts or whorls, interspersed with leaves. The valves (inner sepals) of the calyx are veiny, and each bears a large, ovate, brown tubercle. These three calyx-valves converge around and enclose an angular seed.

The leaves are often boiled and used as food.

The root is the part employed medicinally. It is fusiform, having the shape of a spindle or acute cone; its color yellowish; its taste astringent and bitterish; its smell peculiar and somewhat nauseous. We select those roots which are pretty well grown, but still soft and juicy; the oldest

roots are ligneous, and evidently less adapted to medicinal purposes.

Some may think this article incomplete without a statement of the medical knowledge of this root which was previously possessed. Its only definite and well-ascertained property was its power of curing the itch, when administered internally and applied externally in the form of an unguent or decoction. This was as well known to the laity as to the profession.

But any opinions derived *ab usu in morbis*, especially from the use of large doses, crude preparations, or external applications, and still less the vague generalizations of medical writers, form no part of the proper homœopathic *Materia Medica*.

In regard to the species of Dock under consideration, medical writers have hardly regarded it as official, but have, as is usual in the prevalent school, reasoned from its sensible properties, and its botanical relation to other species of the same genus. Instead of applying a species of plant to a species of disease, still less to a well-defined case characterized by particular symptoms, they sometimes recommend almost indiscriminately a whole genus of plants for an entire and vague class of diseases, called scrofulous, scorbutic, cutaneous, etc.; considering, in many cases, any attempt to delineate the actual or specific properties of a species as involving useless labor.

They may condescend to notice a popular curative experiment, but rely more upon the above-named analogies, and upon constricting and strengthening (astringent and tonic) effects, and especially the effects on the secretions and excretions, as emetic, diaphoretic, cathartic, etc. Most other properties they consign to the convenient, vast, and dark reservoir of *alteratives*, the *terra incognita* of the allopathic school, but by Hahnemann and his disciples partly explored, and by them believed to embrace the most numerous and valuable properties in the wide world of medicinal substances provided by the benevolent Creator. The effects of alteratives depend on specific properties inexplicable by the physiological school; and these are the truly curative properties.

It would be unreasonable to demand that writers on the *Materia Medica* should point out the distinctive differences or the common properties of species before any of them had been proved, as in the case of the genus *Rumex*; and it is not to be expected that those who have not been imbued with the spirit of homœopathic investigation should always make a distinction between observed properties and supposed properties,—should state facts as facts, and dreams as dreams. Therefore I do not intend to be personally disrespectful towards one of the able authors of a standard work (Wood and Bache's Dispensatory) by quoting the following passages on *Rumex*, and italiciz-

ing some parts, which more especially tend to illustrate the difference between his school and that of Hahnemann, in regard to their spirit of investigation and instruction. Though the extracts contain some hypotheses stated as such, they contain some opinions equally hypothetical stated as facts, whilst a supposed property is alluded to as if it were a basis for future clinical experiments, instead of being merely a vague inference from former ones. The true order of investigation is reversed. But these are not specially the faults of the Professor; they are almost inseparable from the school. Moreover, the passages give some useful information, botanical and medical.

Dr. Wood remarks: "We have placed together the three official species of dock" (i. e., *R. aquaticus*, *R. Britannica*, and *R. obtusifolius*), "because their virtues are so nearly alike that a separate consideration would lead to unnecessary repetition. The roots of several other species have been medicinally employed. Those of the *R. patientia* and *R. alpinus*, European plants, and of the *R. crispus*, *R. acutus*, and *R. sanguinis*, which belong both to Europe and the United States, may be used indiscriminately with those which are considered official."

Speaking of dock in general, he says: "The medical properties of dock-root are those of an astringent and mild tonic. It is also supposed to possess an *alterative property*, which renders it useful in scorbutic disorders, and cutaneous eruptions, particularly the itch, in the cure of which it enjoyed at one time considerable reputation. It is said to have been useful in scrofula and syphilis.

"The roots of some species unite a laxative with the tonic and astringent property, resembling rhubarb somewhat in their operation. Such are those of the *R. crispus* and *R. obtusifolius*."

The analogy between some species of *Rumex* and *Rheum*, in a few of their coarser and less valuable effects affords a very inadequate guide for the administration of the former. Others have alluded to this resemblance. The learned and philosophical Professor Paine, in his judicious compend of the allopathic *Materia Medica*, comes to the conclusion, that *Rumex* is similar, but inferior to rhubarb. Our school, after a comparison of the provings, would consider the difference to be more qualitative than quantitative.

I should be glad to hear the most able professors of the generally received *Materia Medica* explain, if they can, a mode by which we may arrive at a knowledge of the previously unknown curative properties of any plant or any substance whatever, except to a very limited extent; and that by random and dangerous experiments on the sick.

I venture to assert that pathogenetic provings afford the only alternative, and that this is the only method by which any tolerably exact and extensive knowledge of the medicinal virtues of any substance can be obtained.

As we use some frankness in relation to the defects of the old method, impartiality and candor require that we should acknowledge any uncertainties that may attach to the new. These are not in the fundamental law; it has been proved by a sufficient number of observations, that a group of symptoms produced by a substance implies a definite curative power, in relation to a similar group. The only chance of error is, in determining whether a symptom which arises in the course of a proving does or does not belong to the pathogenesis of the drug taken. This problem is not so difficult as those who are inexperienced in provings generally imagine; yet there is a possibility of mistake until there has been a verification. The prover believes *each* symptom which he publishes to be true, but he does not believe *all* the symptoms which he publishes to be true, especially if the proving is very extensive; for many small chances of error are collectively equivalent to one great chance, or to a probability of error somewhere.

Provers are exposed to some morbid influences in air, food, drink, etc.; yet if these influences are moderate, habitual, and almost uniform, they have little effect compared with a potentized medicine recently taken. If there is anything so unusual in those collateral influences as to excite a suspicion of their producing such a disturbing effect as would impair the truth or value of the symptom considered as an alleged effect of the drug under examination, then the auxiliary circumstance is stated as one of the conditions under which the symptom appeared, or the symptom is enclosed in a parenthesis, or the record suspended, or that part of it suppressed in the publication.

The power of occasional doses of potentized substances to produce definite, appreciable, and powerful effects, notwithstanding the habitual moderate use of crude ones, may be illustrated by chloride of sodium (common salt). An individual taking several grains of this at each meal, would experience no appreciable symptom by adding one-tenth of a grain of the crude article to his ordinary allowance; but if he takes a grain of *Natrum muriaticum* 12, which contains only the quadrillionth of a grain of common salt, (and no other medicinal substance,) he distinctly feels its pathogenetic effects, if well, or its curative effects, if sick with a disease to which its symptoms correspond.

As to the health of the prover, in its bearing on the results, it is possible that, in a man who considers himself in health,

symptoms may spontaneously arise, and be attributed to the drug which is being proved. In regard to this, we might make remarks similar to some of those which I applied to foreign agents respecting the nature of the probability, and the caution used in recording and publishing.

Again, as no man is free from exposure to morbid agents, so none probably are in perfect health. Good health is desirable in a prover; but medicines have no action on marble or dead bodies, nor are the most valuable provings made on the obtusest nerves. Every real specific morbid effect of a dose shows at the same time a sensibility in the prover to that particular influence, a tendency to that particular morbid action in his organism. This action may have never manifested itself till the application of this appropriate excitant; if it has, so often or so recently, or with so close a resemblance, in its sensible character, to the symptom appearing during the proving, as to produce any considerable doubt of its being a real effect of the substance being proved, the symptom is rejected. The prover should at least be in such a state of health, as not to take or require other drugs during the proving, or for a long time (say some weeks) previous. Especially must he, at the time immediately previous to that of trying the drug, have been exempt from every symptom which he records as one of its effects—he must be healthy *quo ad hoc*.

PROVINGS OF THE RUMEX CRISPUS.

The following provings have been read before the Materia Medica Bureau of the Homœopathic Society of New-York.

I prepared the dilutions from tinctures made by mixing the expressed juice of the fresh roots with an equal quantity of alcohol, and afterwards decanting the liquid.*

The taking of a new dose, except after a very short interval, has, for convenience of reference, been regarded as a new trial, without, however, presuming that the action of the preceding dose had wholly ceased. Presuming the contrary to have been frequently the fact, I have not indicated the interval between the occurrence or commencement of the symptom and the time of the last dose, except during that short period when there was reason to believe that the *relative* co-operating influence of the dose next preceding was very slight—though its absolute influence was greater than at a subsequent period.

*The tinctures were made by Mr. J. T. S. Smith, pharmacist, of this city. The first roots, from which the greater portion of the trials have been made, were collected by Dr. A. G. Hull, of this city; I collected the remainder. I had examined a specimen of the first immediately after their collection, early in June, 1845.

Where the record of a symptom is followed by two sets of figures and letters, separated by a comma, the first set expresses a date, and the last an interval. Both refer to the occurrence of the symptom when transient, or to its commencement when durable. The letter a, in the last set, is used as the initial of the word after.

FIRST TRIAL.

On the 12th of June, 1845, I prepared *Rumex crispus* 12, and at 1h. 45m. p. m. took six globules.

Succeeding Symptoms.—Pain in the left superior part of the chest, at the lower border of the axilla, at 10h. 55m., i. e., after 10m. from the time of taking the *Rumex* 12.

Empty eructations after dinner, which was, as usual, commenced at 2 p. m.

Pain in the right hypochondrium during eructation.

Pressive pain in one ear when walking.

SECOND TRIAL.

Repeated the same dose, June 13th, at 8h. 45m. a. m.

Shootings in the left side of the chest, just below the middle, at the angle of one of the ribs, at 11h. 10m. a. m., a 3 1-2 hours.

THIRD TRIAL.

June 14th. Took six globules of *Rumex* 6, at 8h. 40m. a. m. Repeated this dose at 10 1-2 p. m. No effects observed.

FOURTH TRIAL.

June 15th. Took six globules of *Rumex* 6, at 8h. 5m. a. m.

Pain in the right side of the abdomen, in the region of the ascending colon, when walking; at 4 1-4 p. m.

Pressive pain near the dorsal spine; about 7, and also about 10 p. m.

Pressive pain near the inferior angle of the right scapula; at 11 1-4 p. m.

Pressure in the region of the right hemisphere of the cerebellum and at the right temple, at 10h. 20m. p. m.

June 16th. Repeated the same dose of *Rumex* 6, at 10 1-2 p. m.

Pressive pain in the right ear, about 6h. 20m. a. m., just after rising from bed.

A remittent pain in the right arm, near the insertion of the deltoid muscle, 10 3-4h. a. m.

Pain at the inner side of the arm, 10h. 50m. a. m.

Great propensity to sleep, at 11 a. m.

From this time my proving of *Rumex* was suspended for five years, by other engagements, including the proving of *Rhus radicans*.

FIFTH TRIAL.

Sept. 23d, 1850. Took four globules of *Rumex crispus* 12, at 10 a. m.

Mucus secreted at the upper part of the larynx and in the fauces, and detached and removed by an expiratory effort, at 10h. 23 m., a 23m.

Burning-smarting in the upper part of the larynx and in the fauces. This continued all day.

The irritation and expectoration were referred also to some of the left bronchial tubes where there was some burning-smarting, and from which there was expectoration; the burning-smarting and the mucous discharge still continuing in the larynx, 10h. 47m. a. m., a 47m.

Occasional pain in the forehead, at the right organ of causality at the same time, a 47m.

Cough excited by tickling in the left anterior side of the chest, when riding in a carriage, 11h. 10m. a. m., a 70m.

The burning-smarting remained in the larynx, considerable, for two hours, and could afterwards be reproduced during the whole day and evening, by an impulse of the expired air on the part.

Sensation of excoriation also at the velum palati.

Rheumatic-like pain in the fore-arm, just above the dorsal part of the wrist, late in the evening.

Hoarseness, at 11 p. m., a 13h.

Sept. 24th. Cough excited by tickling in the chest behind the sternum, when lying down, at 40m. p. m., a 26h. 40m.

SIXTH TRIAL.

Sept. 24th. Took six globules of *Rumex* 12, at 10h. 25m. p. m.

Severe transient, sub-burning pain at the left superciliary ridge, 10h. 38m. p. m., a 23m.

Pain less severe, a minute afterwards, at the right superciliary ridge; a 24m.

Pain in the umbilical region, with nausea, eructations, and shooting over the left eyebrow; at 11h. 5m. p. m., a 50m.

Hoarseness, commencing suddenly at 11h. 25m. p. m. a 70m.

Remark.—The occurrence of the *Rumex* hoarseness on two consecutive nights, nearly at the same hour, was not because this symptom tends to occur after a certain length of time after the reception of the drug; for the doses were taken respectively morning and evening.

Pain at a small spot in the umbilical region, commencing suddenly on yawning or any deep inspiration, when lying in bed before midnight; 11½ p. m., a 75m.

It was first discovered when yawning, and was afterwards, in the course of several minutes, reproduced by deep inspiration whenever the experiment was made. This was tried many times.

Sept. 26th. Severe but transient shooting in the chest, about six inches to the left of the epigastrium, when lying on the right side, after dinner; 2h. 40m. p. m.

Hoarseness, commencing at 8½ p.m.

SEVENTH TRIAL.

Sept. 26th. Took six globules of *Rumex* 12 at 9 p.m., and the same dose half an hour later, as no symptoms had occurred.

Fine shootings in the back, midway between the dorsal spine and the left side, immediately followed by the same kind of shootings in a spot immediately below, in the lumbar region. The above symptoms occurred at the commencement of a walk in the room, at 9h. 43m. p.m.

Fine shooting in the right eyeball; 10h. 23m. p.m.

Sept. 27th. Hoarseness in the evening.

Cough on lying down in bed in the evening.

Sept. 28th. Aching, burning, and sticking pain, immediately below the middle of the left clavicle, felt only when riding in the open air; 10h. 20m., and 10h. 45m. a.m.

Cough at the instant of lying down after dinner, 3h. p.m.

Cough in bed, at the commencement of lying on the left side, after having lain on the back; 11 p.m.

Sept. 30th. Cough when riding in the open air, excited by tickling behind the middle of the sternum, and followed by easy hawkings of mucus; 11½ a.m.

EIGHTH TRIAL.

Nov. 12th. Took *Rumex* 12, six globules, at 9h. 20m. p.m.

Slight dull pain at and near the umbilicus, with slight nausea; 10h. 35m. p.m., a 75m.

When lying on the back, sneezed so violently as to cause the thighs to be suddenly semiflexed, the knees ascending through an arc of about forty-five degrees; 11 p.m., a 100m.

Pressure, as if from the end of a finger, between the clavicle and the axilla, alternately on the left and right side of the chest, several times; followed by dull aching under the middle of the left clavicle; from 11 to 11½ p.m.

Later in the night, had dreams of vexatious misconduct on the part of a strange servant.

Nov. 13th. Flatulent colic, commencing when eating dinner, and continuing afterwards; the pain being in the transverse portion of the colon, at length mitigated by the expulsion of flatus; between 2 and 3 p.m.

Frequent mucus discharges from the posterior nares into the throat, commencing about 7 a.m., soon after rising from bed. After breakfast, fluent coryza commenced at the anterior nares, and continued during the forenoon and afternoon; it was more in the right nostril, and was preceded and accompanied by sneezing.

Stitches of pain at the xiphoid or ensi-

form cartilage and the adjacent portions of the epigastrium and chest, worse on movement; about 3 p.m.

Obstruction of the right nostril at night.

Nov. 14th. The fluent coryza continued all day, worse in the right nostril; worse in the evening, and then attended with frequent sneezing, and with pain in the right nostril.

Cough at the instant of lying down in bed at night; 11 p.m.

Night of Nov. 14th-15th. Dream of being made angry. Dream of loving.

Nov. 15th. Fluent coryza remains, but is diminished.

On lying down, at 11 o'clock at night, cough commenced immediately, and continued, whether he was lying on the back or side. Pain in the left hypochondrium when lying on the left side, so severe as to compel a change of position, which removed it.

Cough from tickling in the throat-pit, afterwards behind the sternum and in the stomach.

Cough preceded and excited by tickling in the trachea, bronchi, and stomach, and attended and succeeded by copious expectoration from the bronchial tubes. The cough shocks the stomach, and causes a transient pain over the left eyebrow and in the stomach.

Nov. 17th. Cough from tickling in the throat-pit, in the evening, on lying down in bed. The cough painfully shocks the muscles in the region of the stomach, and also a place of muscular attachment at the lower edge of the anterior surface of the chest, on the left of the stomach—where there is a spot which has become sensitive also to the touch.

Nov. 17th and 18th. Hoarseness in the morning, for two days. Inflammation at the lower edge of the right side of the septum narium, followed by a vesicle there, which was subsequently scabbed.

NINTH TRIAL.

Nov. 19th. Took six globules of *Rumex* 12, at 9 p.m.

Burning in the right side of the nose, and in an adjacent portion of the right cheek; 9h. 18m., a 18m.

Aching at the right eyebrow; 10 p.m., a 1h.

Sneezing, with commencement of fluent coryza, chiefly in the right nostril; 10h. 20m. p.m., a 80m.

Nov. 20th. Vesicle on the upper, anterior right surface of the neck, near the jaw; 10 p.m.

Night of 20th-21st. Dreams of danger, to self and others, from floods caused by the overflowing of rivers.

Nov. 21st. Cough in the night, from 10 to 12 o'clock, worse when lying down. Cough from 11 to 12 o'clock at night, excited at first by tickling in the throat-pit,

afterwards by tickling and irritation in the chest, and a sensation there as if caused by a small bit of feather—the sensation as if a spicula of feather entered a bronchial tube, adhered to it by one end, oscillated by respiration, and excited cough. The mucus brought up by the cough is felt as if proceeding from a spot near the centre of the chest. The cough causes a sharp pain to extend from that spot downwards several inches in a vertical line; 11 to 12 at night.

Nov. 23d. Cough, soon after he becomes recumbent, in the afternoon, and again before midnight; about 3 and 11 p.m.

TENTH TRIAL.

Nov. 26th. Took eight globules of *Rumex* 12, at 9h. 6m. p.m.

Increased flow of saliva; 9h. 16m., a 10m.

Zincy taste on the upper surface of the tongue and on the roof of the mouth; 9h. 26m., a 20m.

Pain the epigastrium, stomach, and abdomen, with slight nausea; 9h. 30m., a 24m.

Pain at the right organ of causality; 9h. 37m., a 31m.

Sudden and severe itching of the upper lip, near the left side of the nose; 9h. 40m., a 34m.

Nov. 27th. Slight sensation of fullness in the head, with deficiency of hilarity, giving a serious expression to the countenance. Seriousness of feeling and expression, without much depression of spirits.

Cough from tickling in the chest, in the morning, before breakfast.

Very sudden and earnest desire to urinate, with a sensation as if urine had already entered the urethra. The urine extremely pale; 103h. p.m.

27th, 28th. In the night, discharge of mucus from the posterior nares, and aching at the left instep, the upper anterior part of the tarsus.

29th. Sudden and severe itching of the right side of the upper lip, at 3 p.m.

Dec. 1st–2d. In the night, in bed, cough from tickling behind the upper half of the sternum; and dreams of danger, and of disagreeable and wicked persons. Dream of fear; and of hostile conduct of strangers toward each other.

On the following night, Dec. 2d–3d, dreams of hope; and of friendly conduct of acquaintances toward him.

Dec. 3d, and during several days about this time, had vesicles at the upper anterior-lateral part of the neck, near the jaw; also flatulence.

ELEVENTH TRIAL.

Dec. 24th.* Took *Rumex* 30, at 8h. 40m. p.m.

* The atmosphere on the 24th unusually cold; the sky totally and intensely clear.

Pain over the left eyebrow; 8h. 50m. p.m., a 10m.

Sensation of heat in the cheeks; 8h. 53m., a 13m.

Sensation of heat in the back and face. The sensation in the back is an oppressive sense of warmth; the sensation of heat in the face is attended with smarting; 9h. 10m. p.m., a 30m.

Ten minutes afterward, felt rather chilly, especially in the back; a 40m.

Within three minutes after the chilliness commenced, and with the chilliness had some pain in the abdomen, with slight nausea, and shooting near the middle of the anterior part of the chest.

Aching at the dorsal side of the hand, at the ulnar side of the metacarpus; 9h. 23m. p.m., a 43m.

Slight stinging at the side of the tongue, near the root; 8h. 37m. p.m., a 57m.

Itching deep in the left ear; followed, in one and two minutes, by yawnings; 9h. 40m. p.m., a 60m.

Subsequent itching deep in the right ear (hour not noted).

Itching of the abdomen near the left side; 9h. 45m., a 1 h. 5m.

Yawning, and the perception of the motion of flatus in an intestine, the rectum; followed by pain at the pubes; 9h. 48m., a 1 h. 8m.

Dec. 25th. Solicitous dreams in the morning. On waking, dull aching in the forehead (and reddish-brown, dry, and easily detached coat on the tongue), with a disagreeable, bitterish taste in the mouth—the taste readily moved on the removal of the lingual coat.

Cough, and painful piercing in the left lung, on breathing cold air, about noon; a 15h.

26th. Disagreeable dream in the morning; about six o'clock, a 33h.

27th. Brown, hard, and tenacious faeces accumulate in the rectum in one day, a.m.; a 24 d.

Shooting in the left anterior part of the chest, when lying down; at 3 p.m.

28th. Sharp intermittent pains in the chest when in bed at night; at 11 o'clock.

29th. Fluent coryza in the evening, worse in the right nostril.

30th. Protuberance and hardness of the abdomen.

31st. Sensation as if from the pressure of one side of a stick in the rectum; in the afternoon.

TWELFTH TRIAL.

1852, May 25th. Took *Rumex* 30, twelve times, at intervals of a quarter of an hour, commencing at 7½ p.m.

Itching between the spine and the left scapula; 8h. 20m. p.m.

Itching deep in the left ear; 8h. 33m. p.m.

Tickling at the throat-pit and behind the upper part of the sternum; 9½ p.m.

Aching at the dorsum of the left ilium; 9h. 48m. p.m.

Itching at the anterior part of the shoulder, and at the anterior part of the left loin; 10 p.m.

Aching of the left upper arm; 10h. 5m. p.m.

Itching at the sternum on the right of the middle, then at the left scapula (then on the right side of the face); 1h. 32m. p.m.

THIRTEENTH TRIAL.

May 25th. Took *Rumex* 30, eight times, at intervals of a quarter of an hour, commencing at 7¼ a.m.

Flatulent colic in the right portion of the umbilical region (ascending colon); 7¼ a.m.

Transient pain at the inner side of the right upper arm, just above the elbow; 6¼ p.m., and twice subsequently.

Aching in the left wrist; 6h. 37m. p.m.

FOURTEENTH TRIAL.

May 27th, 8¼ p.m. Took *Rumex crispus*, 3, six globules.

Shooting, like a light electrical shock, from the rectum to the left groin; 8h. 38m. p.m., a 8m.

Itching deep in the meatus of the right ear; 8h. 45m., a 15m.

Severe and continued itching on the back between the scapulae; 8h. 53m., a 23m.

Dull pain at the inner side of the left leg, at each step in walking; a 57m., followed soon by sharp pain at the inner side of the right knee, at each step.

Chilliness; about 10 p.m.

28th. On dreaming of an accident, awoke in the night with pain in the anterior part of the chest, in the left part of the region of the heart; about 2¼ a.m.

Stitch-like pain at the inner part of the right knee, on stepping; 11h. 8m. a.m.

During the day felt depressed and indisposed to exertion.

Burning pain in the region of the heart at times during the day.

In the evening and early part of the night, the burning pain in the region of the heart became continuous and strong, with frequent, transient, and severe exacerbations: in other words, there was a severe, remittent, and burning pain in the region of the heart

PROVING BY B. F. JOSLIN, JUN.

Took *Rumex crispus* 12, six globules, on the 12th of June, 1845, at 1h. 45m. p.m.

Sharp pain in the right superior part of the chest, near the anterior border of the axilla; after about two minutes.

Pain at the left hypochondrium, whilst

walking rapidly; in the afternoon, after dinner.

13th. At 7h. 40m. a.m., took the same dose. No effects observed.

14th. Took *Rumex* 6, six globules, at 8h. 40m. a.m., and again at 10¼ p.m. No symptoms.

15th. Took *Rumex* 6, six globules, at 8h. 5m. a.m.

Colic near the umbilicus, three-quarters of an hour after taking *Rumex* the last time.

Pain in the chest in the sternal region; about 9. a.m.

PROVING BY MRS. P., ÆT. 43.

FIRST TRIAL.

Took *Rumex crispus* 12, three globules, Sept. 24th, 1850, at 10h. 25m. p.m.

Pain in the left shoulder, and from it along the upper arm to the elbow; 10h. 29m. p.m., a 4m.

The left upper arm has a sensation as if strained.

SECOND TRIAL.

Sept. 26th. 9 p.m. Took *Rumex crispus* 12, three globules.

Aching in the back, left side of the dorsal spine, extending from the spine half-way to the side; commenced a 4m., and continued 4m.

About the same time, a hacking cough from irritation behind the sternum. After five minutes from its commencement it became very frequent.

Sharp momentary pain shooting from the dorsal spine half-way to the left side; 9h. 22m. p.m., a 22m.

Numbness of the right hand; 9h. 48m., a 48m.

Cramp-like pain at the left side of the nape of the neck; 10h. 2m. p.m.

CONCLUDING REMARKS.

It will be seen by the dates, that the second of the above provings was commenced simultaneously with the first, and the first symptom in it a little earlier. In other respects, the chronological order has been observed, especially in regard to the symptoms of each prover as compared with each other. I have in my possession two or three provings commenced more recently, and expect others. Until these shall have been published, I shall not attempt to designate the probable comparative value of the different apparent symptoms, nor arrange them in the order of topographical anatomy, nor make any other generalization.

Having, however, been struck with the resemblance between a portion of the pathogenesis of *Rumex crispus* and six cases of cough occurring in my practice, I have

published in a former article their successful treatment with this medicine.

I had not then obtained any other clinical evidence of its relation to affections of the respiratory organs. Within a few days past, I have had the pleasure of learning from my friend, A. Gerald Hull, M.D., of this city, an interesting fact in relation to the effect of this medicine on himself. He states that in the year 1845, he "had a pain in the centre of the left lung;" that this had annoyed him for nearly a year; that for some reason or other he was induced to take *Rumex crispus*. Its repetition was unnecessary. Very shortly after taking a single dose of the 6th dilution the pain left him, and it has never returned. No other medicine was used.

It appears from the record of Mr. Smith, who prepared the attenuation for Dr. Hull, that the latter obtained it on the 11th of June, 1845.

From a comparison of the facts of this case with those of our pathogenesis, it appears that the first three effects ever produced by an attenuated or homœopathic preparation of *Rumex crispus* all related to pain in the chest, and were almost simultaneously produced in three different individuals, one of whom experienced the curative, the others the pathogenetic power.

Wonderful Mechanism in the Eyes of Birds.

A SINGULAR provision is made for keeping the surface of the bird's eye clean—for wiping the glass of the instrument, as it were, and also for protecting it, while rapidly flying through the air and through thickets, without hindering the sight. Birds are for these purposes furnished with a third eyelid, a fine membrane of skin, which is constantly moved very rapidly over the eyeball, by two muscles placed in the back of the eyes. One of the muscles ends in a loop, the other in a string which goes through the loop, and is fixed in the corner of the membrane, to pull it backward and forward. If you wish to draw a thing towards any place with the least force, you must pull directly in the line between the thing and the place; but if you wish to draw it as quickly as possible, and with the most convenience, and do not regard the loss of force, you must pull it obliquely, by drawing it in two directions at once. Tie a string to a stone, and draw it towards you with one hand; then make a loop on another string, and running the first through it, draw one string in one hand, not towards you, but sideways, stretched in a straight line; you will see how much more easily the stone moves quickly than it did before, when pulled straight forward.—*Brougham's Miscellanies.*

REVIEW.

La Doctrine de l'Ecole de Rio de Janeiro et Pathogénésie Brésilienne. By Dr. MURE. Paris, 1849.

We consider it our duty to make known the name of the author and his work to the English reader.

This great philanthropist, this man of genius, has succeeded, by his own exertions and unwearied zeal, to establish the homœopathic practice in Sicily, Brazil, China, etc. None have suffered more than he has, but he has borne it patiently, and has succeeded admirably.

He says, in the introduction to his work, "for fifteen years have I dedicated myself to the propagation of Homœopathy. My life has been saved by it. I have established it, by practice, by writing, and by teaching, in Malta, in Palermo, in Paris, etc." We quote the words of J. Jacotot: "We do not write that any one may believe, but that he should know." The teaching of the homœopathic doctrines is as much a duty as its practice, and where can it be taught in all its purity but in schools where the principles of the materialism of the allopathic schools are entirely excluded. And you, men of every land, of every age and condition, it is not a mere request, but a command to coöperate with us in the diffusion of Homœopathy. You should devote yourselves, as we have done, entirely to its propagation; adherents and disciples should be found. Finally, you should add, in your turn, to the treasures already obtained—remedies obtained through pure experiment, without which a cure is impossible. None need be startled at the name of pure experiment, and at this phantom of voluntary malady. It is very rare that serious inconveniences are consequent on the provings of medicines.

The symptoms experienced from the use of medicines are generally temporary; the doses employed for pure experiment are usually so weak, that they affect the system less than the slightest dietetic deviation. A small glass of spirits, a few grains of pepper, adulterated beverages, emotions of anger and joy, may undoubtedly prove more injurious agents than a globule of *Aconite* or *Chamomilla*.

Personal comfort is only considered. Should we do nothing for our fellow-creatures—nothing for our brethren? An experimentalist may go, come, perform his avocations, and, after a few weeks' experiment, he will feel himself not only as strong as before, but more vigorous, and more capable of resisting atmospheric and miasmatic influences. It is a well-known fact that the vital powers are not developed by rest but by activity; nature constantly requires agents, in order to produce reaction:—thought for the brain, light for the eye, sound for the ear, air for the lungs,

food for the stomach. Hahnemann has opened to us a new world, that of the dynamic powers. Homœopathy gives us not only the means to conquer disease, but also to preserve health. If we have always considered pure experiment as a sacred obligation, seeing in its accomplishment but the duty of a Christian, we may now proclaim it, without fear, to be as salutary in its result as it is sacred in its principle. Homœopathy alone can complete the work of regeneration in destroying in its germ the evil by which we may in later years succumb. In support of this assertion we will cite but one example. Hahnemann was attacked with consumption when he was but thirteen years old, and he was cured by an elderly woman; his sufferings did not cease until he became convinced of the truth of the homœopathic doctrine. The trials of different drugs on his own body established his health, and he lived to an old age.

Dr. Mure observes, in respect to the doses, that "Hahnemann has left a gap, but he bequeathed it to his disciples. The most important, without question, is the homœopathic posology. We have worked during many years to complete this important part, and we believe that the doctrines professed at the school of Rio leave nothing to be desired.

"The question of the doses includes two points, the quantity and the dilution. As to quantity, it cannot be too small—matter is divisible *ad infinitum*; every blow of the pestle divides each atom into two parts, producing in one hour such a quantity of molecules that every globule contains many millions. This suffices not only for a single patient, but supplies the wants of hundreds and of thousands. We have treated a whole cargo of African slaves infected with the small-pox by a globule of vaccine-matter, with a globule of *Arsenic* or of *Mercury*, dissolved in a pint of water, and distributed by small spoonfuls to each of them. We could never perceive that the hundredth part of a globule produced less effect than the whole globule."

Dr. Mure observes, that a homœopathist who employs but a single dilution, or uses it only at a hazard, which is worse still, is to be compared to a musician who makes use of only one note, or all of them without rule. The sublime harmony which Hahnemann has established in the *Materia Medica* should exist also in the administration of the different dilutions. Order has been introduced into the art of healing, which should daily increase; it should never stop but at the last limits of chaos.

Hahnemann, at the commencement of his practice, administered his remedies on a large scale. Successive aggravations obliged him to commence the dilutions, which he took for simple fractions. He

employed mother-tinctures, and went seldom beyond the 5th or 6th dynamization. He afterwards became more enlightened, when he published his theory of chronic diseases. He declared then that the 30th dilution is preferable almost in all cases. Not having published a new edition, it was thought that the genius of the Master remained stationary; this, however, is an error. Hahnemann used high dilutions from the year 1831 and 1832, and advised his disciples to follow his example. I have a voluminous correspondence between him and Dr. Munro, in 1834, in which he speaks favorably of high dilutions. Dr. Munro treated one patient successfully, in a dangerous disease, with the 80th dilution. Dr. Korsakoff and Dr. Gross were the first who prepared the remedies in high dilutions. We scarcely ever open a homœopathic journal in which cases are not mentioned as having been cured by the two hundredth, thousandth, six thousandth, and even ten thousandth dynamization. This is the history of all discoveries. Columbus discovered a small island; his followers traced a whole continent. Nevertheless, Columbus will always be considered the discoverer.

Since the discovery of the higher dynamizations, opinions have differed very much on this subject. Most homœopathists thought that any dilution answers the purpose, provided the remedy be chosen according to the law, *Similia similibus curantur*. Under these circumstances we thought it necessary to arrange these matters. We work with zeal, and have come to the conviction that in acute maladies lower dilutions are more serviceable, whilst in chronic maladies higher dilutions answer our purpose better.

Aggravation of symptoms can only be avoided by a suitable selection of a dynamization for each case.

With respect to age, we may observe that low dilutions answer best for infants, whilst high dilutions are suitable for aged persons. Every disease is acute with the infant, and every disease becomes chronic with persons advanced in years.

The male sex seems to be more in harmony with low dilutions, and with the female sex high dilutions are more serviceable.

The sanguine system seems to require less dynamized remedies; after which I would place the bilious, then the lymphatic system. I would choose high dynamizations for the nervous temperament. An ample latitude must be left to the medical practitioner.

The following is Dr. Mure's address to the people of Brazil:—

"Whatsoever may be the abundance of precious metals buried in the depths of the Brazilian soil, whatsoever the splendor of the gems which roll in the streams of

Brazil, whatsoever the richness of the harvest, with which the agriculturist is recompensed for his toils, there are in this country treasures of a higher value, and of greater importance for the happiness of man—I speak of the powerful weapons which nature has deposited in it and which medical art may use to combat the pains and the diseases of mankind; whatsoever may be the frightful multiplicity of diseases which the genius of evil has scattered upon our fallen earth, I say that Brazil offers still more curative agents possessing powers to combat, without exception, the hideous manifestation of physical evils. Before the discovery of Hahnemann, medical science did not possess precise means for the employment of salutary agents. Their existence was known, but not their uses. Popular experience was more fortunate than the science of the schools. Providence, which seemed to have marked the soil of Santa Cruz to inaugurate the great and happy changes for which humanity is ripe, has permitted that the disciples of Hahnemann should commence their researches, and in place of a transitory alleviation, a more efficacious and definite remedy should be applied for the sufferings of mankind. Homœopathic remedies, in attacking the cause of diseases, purifies the human species from the chronic miasmata which are transmitted from generation to generation, extinguishing in their germ epidemic and contagious maladies, preparing the body of the infant for a positive hygiene, to resist all the causes of destruction which can attack it in the course of its existence, thus lengthening the days and preserving the lives of men, their most precious capital and the element of their greatness."

Dr. Mure, with his disciples, have proved about forty remedies; their utility cannot be doubted.—*Hom. Times*.

The *Chicago Homœopath*, conducted by Drs. D. S. Smith, S. W. Graves, and R. Ludlam. The first number of this periodical has just reached us. It is published bi-monthly, at Chicago, Ill. We welcome it as a colleague in the cause of Homœopathy. For a first number, it is creditable to the Editors and Printer.

We have also received the first number of a journal of Homœopathy published in St. Louis, Mo. A friend of ours took the liberty of removing it from our office, and has not returned it. As we had not read it, we cannot at this time give its title, nor speak of its contents. Will the pub-

lisher have the kindness to send us another copy?

The *Homœopathic Times* would oblige us by not crediting our articles, especially those which inculcate the doctrines of Hahnemann, to a periodical of this city which is not as orthodox in Homœopathy as the friends of that system would desire it to be.

J. M. Ward, M. D., has been appointed Professor of Midwifery and Diseases of Women and Children in the *Homœopathic Medical College of Pennsylvania*. This appointment will be approved by all who know Dr. Ward, for he not only possesses natural and acquired abilities, of a high order, but he has had much experience in the branch to which he is assigned.

A Home for All, by O. S. FOWLER. 12mo. pp. 192. New-York: Fowler and Wells, 1854. This little volume is designed to set forth some improvements in the style of building houses, adapted alike to the rich and the poor. The author advances arguments drawn from economy and durability in favor of what he calls the *gravel wall*, and aims to show that it is preferable, as a building material, to wood, brick, or stone. His other prominent suggestion is the superiority of the *octagon*, to every other shape, for a residence, a barn, a school-house, or a church. The volume is illustrated by diagrams, plans, and specifications, which may be profitably consulted by those about to build. Whether they become converts to the author's theories or not, they cannot fail to be pleased with the enthusiasm with which he argues in their favor, and his evident design to benefit his fellow-men.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW-YORK.

The Annual Meeting of this Society will be held at the City Hall, in the city of Albany, on Tuesday the 14th day of February next, at 10 o'clock, A.M.

HENRY D. PAINE,
Albany, Jan. 1, 1854. Secretary.

THE MAN WHO WAS NEVER HUMBUGGED.

It was a standing boast with Mr. Wisacre that he had never been humbugged in his life. He took the newspapers and read them regularly, and thus got an inkling of the new and strange things that were ever transpiring, or said to be transpiring, in the world. But to all he cried, "humbug!" "imposture!" "delusion!" If any one was so bold as to affirm in his presence a belief in the phenomena of Animal Magnetism, for instance, he would laugh outright; then expend upon it all sorts of ridicule, and say the whole thing was a scandalous trick; and by way of a finale, wind off thus:

"You never humbug me with these new things—never catch me in gull-traps. I've seen the rise and fall of too many wonders in my time—am too old a bird to be caught with this kind of chaff."

As for Homœopathy, it was treated in a like summary manner. All was humbug and imposture from beginning to end. If you said—

"But, my dear sir, let me relate what I have myself seen—"

He would interrupt you with—

"Oh! as to seeing, you may see anything, and yet see nothing after all. I've seen the wonders of this new medical science over and over again. There are many extraordinary cures made in *imagination*. Put a grain of calomel in the Delaware Bay, and salivate a man with a drop of the water! Is it not ridiculous? Doesn't it bear upon its face the stamp of absurdity? It's all humbug, sir! All humbug from beginning to end. I know! I've looked into it. I've measured the new wonder, and know its full dimensions—its name is 'humbug.'"

You reply—

"Men of great force of mind, and large medical knowledge and experience, see differently. In the law *similia similibus curantur*, they perceive more than a mere figment of the imagination, and in the actual results, too well authenticated for dispute, evidence of a mathematical correctness in medical science never before attained, and scarcely hoped for by its most ardent devotees."

But he cries—

"Humbug! Humbug! All humbug! I know. I've looked at it. I understand its worth, and that is—just nothing at all. Talk to me of anything else, and I'll listen to you—but, for mercy's sake, don't expect me to swallow at a gulp anything of this sort, for I can't do it. I'd rather believe in Animal Magnetism. Why, I saw one of these new lights in medicine, who was called in to a child in the croup, actually put two or three little white pellets upon its tongue, no larger than a pin's head,

and go away with as much coolness as if he were not leaving the poor little sufferer to certain death. "For Heaven's sake!" said I to the parents, "ain't you going to have anything done for that child?" "The doctor has just given it medicine," they replied; "he has done all that is required." I was so out of patience with them for being such consummate fools, that I put my hat on and walked out of the house without saying a word."

"Did the child die?" you ask.

"It happened by the merest chance to escape death. Its constitution was too strong for the grim destroyer."

"Was nothing else done?" you ask—"no medicine given but homœopathic powders?"

"No. They persevered to the last."

"The child was well in two or three days, I suppose?" you remark.

"Yes," he replied, a little coldly.

"Children are not apt to recover from an attack of croup without medicine."

He forgets himself, and answers—

"But I don't believe it was a real case of croup. It couldn't have been!"

And so Mr. Wisacre treats almost everything that makes its appearance. Not because he understands all about it, but because he knows nothing about it. It is his very ignorance of a matter that makes him dogmatic. He knows nothing of the distinction between truth and the appearances of truth. So fond is he of talking, and showing off his superior intelligence and acumen, that he is never a listener in any company, unless by a kind of compulsion, and then he rarely hears anything, in the eagerness he feels to get in his word. Usually he keeps sensible men silent, in hopeless astonishment at the very boldness of his ignorance.—[*Chicago Homœopath.*]

AN ANTIPATHIC DOSE.—Old Dr. Rand was once called upon to visit a hypochondriac lady, who fancied she had swallowed a mouse.

"Nonsense!" cried the doctor; it's all fudge."

"Oh, no, doctor," said the patient, "it is not nonsense; I feel it now, trying to gnaw out. O, what can I do?"

"Do," exclaimed the old man, "there is but one thing you can do; you must swallow a cat!"

VOLTAIRE'S definition of a physician is: An unfortunate gentleman, expected every day to perform a miracle; namely, to reconcile health with intemperance.